

## U.S. Preventive Services Task Force

# Healthy Diet - Counseling

Release Date: January 2003

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### Summary of Recommendations

- **The U.S. Preventive Services Task Force (USPSTF) concludes that the evidence is insufficient to recommend for or against routine behavioral counseling to promote a healthy diet in unselected patients in primary care settings.**

**Rating:** [I recommendation](#).

*Rationale:* The USPSTF found fair evidence that brief, low- to medium-intensity behavioral dietary counseling in the primary care setting can produce small-to-medium changes in average daily intake of core components of an overall healthy diet (especially saturated fat and fruit and vegetables) in unselected patients (go to "[Scientific Evidence](#)" for discussion of patient populations and intensity of interventions). The strength of this evidence, however, is limited by reliance on self-reported diet outcomes, limited use of measures corroborating reported changes in diet, limited followup data beyond 6 to 12 months, and enrollment of study participants who may not be fully representative of primary care patients. In addition, there is limited evidence to assess possible harms (go to "[Clinical Considerations](#)").

As a result, the USPSTF concluded that there is insufficient evidence to determine the significance and magnitude of the benefit of routine counseling to promote a healthy diet in adults. Although community-based studies have evaluated measures to reduce dietary fat intake in children, no controlled trials of routine behavioral dietary counseling for children or adolescents in the primary care setting were identified.

- **The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.**

**Rating:** [B recommendation](#).

*Rationale:* The USPSTF found good evidence that medium- to high-intensity counseling interventions can produce medium-to-large changes in average daily intake of core components of a healthy diet (including saturated fat, fiber, fruit, and vegetables) among adult patients at increased risk for diet-related chronic disease. Intensive counseling interventions that have been examined in controlled trials among at-risk adult patients have combined nutrition education with behavioral dietary counseling provided by a nutritionist, dietitian, or specially trained primary care clinician (e.g., physician, nurse, or nurse practitioner).

The USPSTF concluded that such counseling is likely to improve important health outcomes and that benefits outweigh potential harms. No controlled trials of intensive counseling in children or adolescents that measured diet were identified.<sup>5,6</sup>

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## Supporting Documents

Counseling to Promote a Healthy Diet, January 2003

- ▶ [Recommendations and Rationale \(PDF file, 393 KB\)](#)
- ▶ [Summary of the Evidence \(PDF file, 335 KB\)](#)
- ▶ Systematic Evidence Review ([File Download](#), 430 KB)

Electronic Archive:

[\*Guide to Clinical Preventive Services, 2nd Edition\*](#)  
[Counseling to Promote a Healthy Diet, 1996](#)  
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